

Name of Candidate: Last Name, First Name, Middle Initial Mr. (✓) Mrs. () Ms. ()

C A M P B E L L , R . M I C H A E L

The following information is required for administrative purposes, only for positive identification of the filer, and will not be released to the public.

Social Security Number:

R E D A C T E D

LOCATION OF CAMPAIGN ACCOUNTS

A. Savings Account #

R E D A C T E D

Name of Banking Institute:

REDACTED

Address:

REDACTED

B. Checking Account #

R E D A C T E D

Name of Banking Institute:

REDACTED

Address:

REDACTED

NOTE:

PLEASE COMPLETE THIS ENTIRE REPORT IN BLUE OR BLACK INK OR TYPE

DO NOT USE PENCIL**KEEP A COPY FOR YOUR RECORDS****\$100 PER DAY PENALTY IF FILED LATE****Final Report****7/1/07 – 9/12/07**

STATE ETHICS COMMISSION
CANDIDATE CAMPAIGN DISCLOSURE FORM1. Type of Report: ☐ Initial ☐ Pre-Election ☒ Final Quarterly Update: ☐ Apr 10 ☐ Jul 10 ☐ Oct 10 ☐ Jan 10

2. Name of Candidate: Last Name, First Name, Middle Initial Mr. (✓) Mrs. () Ms. ()

CAMPBELL, R. MICHAEL														
3. Mailing Address: PO BOX 11211														
City: COLUMBIA										State: SC				
Zip: 29211					Phone: 803 - 231 - 2006									
4. Position Sought: (House/Senate-Dist.#) LT GOVERNOR														
5. Date of Election: (mo/day/year) 6 / 13 / 06														
6. County of Residence: RICHLAND														
7. Agency: LT GOVERNOR'S OFFICE														

8. Type of Election: ☐ Primary ☒ Runoff ☐ General ☐ Special ☐ Convention/Caucus9. If filing fee was paid from personal funds and will be the only expense, enter amount of filing fee \$ _____. Stop here – sign, date, and mail this page and page 1 only at least fifteen (15) days before the election. If you receive any funds or make any other expenditures, you must open a separate account.

10. CONTRIBUTIONS (Check if none _____)	Unitemized (\$100.00 or less)	Itemized (over \$100.00)	TOTAL	
			This Period	Election Cycle
A. Candidates: Personal Funds	\$ 0.00	\$ 0.00	\$ 0.00	\$ 784,000.00
B. Individual Contributions or other	(+) \$ 0.00	(+) \$ 0.69	(+) \$ 0.69	(+) \$ 644,804.64
C. In-Kind Contributions	(+) \$ 0.00	(+) \$ 21,985.52	(+) \$ 21,985.52	(+) \$ 102,334.77
D. Total Contributions	(=) \$ 0.00	(=) \$ 21,986.21	(=) \$ 21,986.21	(=) \$ 1,531,139.41

11. EXPENDITURES	Total (This Period)	Total (Election Cycle)	12. BALANCE OF CONTRIBUTIONS	
A. In-Kind Expenditures (Must equal 10C)	\$ 21,985.52	\$ 102,334.77	A. Contrib. On Hand (Beginning of This Period)	\$ 974.59
B. Expenditures	(+) \$ 975.28	(+) \$ 1,428,804.64	B. Total Contributions (This Period) (10.D)	(+) \$ 21,986.21
C. Total Expenditures	(=) \$ 22,960.80	(=) \$ 1,531,139.41	C. Total Expenditures (This Period) (11.C)	(-) \$ 22,960.80
			D. Contrib. On Hand (Period End)	(=) \$ 0.00

13. LOANS

Amounts Owed by the Candidate None (Must be Itemized in Section C)

CERTIFICATION: I certify that the contents of this statement are true, correct, and complete to the best of my knowledge and belief. I understand that if this statement is not received within five (5) days of the deadline, a late filing penalty of \$100.00 per day WILL be levied.

Date: 8/1/2011 Signature: J. Todd Kincannon If other than the candidate, print name belowPrint: J. TODD KINCANNON

FOR OFFICE USE ONLY:

☐ Complete ☐ Incomplete☐ Entered ☐ Scanned

FAXED COPIES WILL NOT BE ACCEPTED

The original must be received no later than 5:00 p.m. on the date of the established deadline.

NOTE: PLEASE PROVIDE ONE ORIGINAL AND ONE COPY OF THIS FORM TO THE APPROPRIATE SUPERVISORY OFFICE, AND KEEP A COPY FOR YOURSELF.

E4A.3

Name: R. MICHAEL CAMPBELL FOR LT. GOVERNOR

A. ITEMIZED CONTRIBUTIONS

DATE	FULL NAME, FULL ADDRESS, AND OCCUPATION OF INDIVIDUAL CONTRIBUTOR(S) OR FULL NAME AND FULL ADDRESS OF GROUP MAKING CONTRIBUTION		CONTRIBUTIONS THIS PERIOD	CONTRIBUTIONS TO DATE
7/31/07	Name:	Wachovia (Interest)	\$ 0.39	\$ 227.59
	Address:	705 Saluda Ave., Columbia, SC 29205		
	Occupation:	Bank		
8/31/07	Name:	Wachovia (Interest)	\$ 0.26	\$ 227.85
	Address:	705 Saluda Ave., Columbia, SC 29205		
	Occupation:	Bank		
9/12/07	Name:	Wachovia (Interest)	\$ 0.04	\$ 227.89
	Address:	705 Saluda Ave., Columbia, SC 29205		
	Occupation:	Bank		
9/12/07	Name:	Mr. Mike Campbell (In-Kind)	\$ 13,252.90	\$ 113,252.90
	Address:	P.O. Box 11211, Columbia, SC 29211		
	Occupation:	Candidate		
9/12/07	Name:	Mr. Mike Campbell (In-Kind)	\$ 8,732.62	\$ 121,985.52
	Address:	P.O. Box 11211, Columbia, SC 29211		
	Occupation:	Candidate		
9/12/07	Name:	Mr. Mike Campbell (In-Kind Loan Forgiveness)	\$ 0.00	\$ 121,985.52
	Address:	P.O. Box 11211, Columbia, SC 29211		
	Occupation:	Candidate		
9/12/07	Name:	Mr. Mike Campbell (In-Kind Loan Forgiveness)	\$ 0.00	\$ 121,985.52
	Address:	P.O. Box 11211, Columbia, SC 29211		
	Occupation:	Candidate		
	Name:		\$	\$
	Address:			
	Occupation:			
	Name:		\$	\$
	Address:			
	Occupation:			
	Name:		\$	\$
	Address:			
	Occupation:			
	Name:		\$	\$
	Address:			
	Occupation:			
	Name:		\$	\$
	Address:			
	Occupation:			

PAGE SUBTOTAL \$ 21,986.21ALL CONTRIBUTIONS LISTED -- TOTAL (Equals Number 10.D Period Total) \$ 21,986.21

E4A.4

Name: R. MICHAEL CAMPBELL FOR LT. GOVERNOR

B. ITEMIZED EXPENDITURES

DATE	FULL NAME AND FULL ADDRESS OF VENDOR OR CANDIDATE TO WHOM EXPENDITURE WAS MADE		DESCRIPTION OF EXPENDITURE	AMOUNT THIS PERIOD
7/12/07	Name:	Wachovia	Commercial Service Charges	\$ 12.00
	Address:	705 Saluda Ave., Columbia, SC 29205		
7/13/07	Name:	Mr. Adam Piper	Consulting	\$ 300.00
	Address:	2905 Kennedy St., Columbia, SC 29205		
7/16/07	Name:	FIA Card Services	Credit Card	\$ 59.00
	Address:	P.O. Box 17310, Baltimore, MD 21297		
7/16/07	Name:	Capitol One	Credit Card	\$ 67.00
	Address:	P.O. Box 70884, Charlotte, NC 28272		
8/9/07	Name:	Wachovia	Commercial Service Charges	\$ 12.00
	Address:	705 Saluda Ave., Columbia, SC 29205		
9/5/07	Name:	Mr. Adam Piper	Consulting, Reimbursements for Office Supplies and Travel	\$ 436.98
	Address:	2905 Kennedy St., Columbia, SC 29205		
9/11/07	Name:	Mr. Mike Campbell	Reimbursements for Travel	\$ 88.26
	Address:	P.O. Box 11211, Columbia, SC 29211		
9/12/07	Name:	Wachovia	Account Closure	\$ 0.04
	Address:	705 Saluda Ave., Columbia, SC 29205		
9/12/07	Name:	Mr. Mike Campbell (In-Kind)	Forgiveness of Interest, Loan #3	\$ 13,252.90
	Address:	P.O. Box 11211, Columbia, SC 29211		
9/12/07	Name:	Mr. Mike Campbell (In-Kind)	Forgiveness of Interest, Loan #3	\$ 8,732.62
	Address:	P.O. Box 11211, Columbia, SC 29211		
9/12/07	Name:	Mr. Mike Campbell	Assumption of Principle Debt, Loan #3 (Income Reported Jul '06)	\$ 0.00
	Address:	P.O. Box 11211, Columbia, SC 29211		
9/12/07	Name:	Mr. Mike Campbell	Assumption of Principle Debt, Loan #4 (Income Reported Jul '06)	\$ 0.00
	Address:	P.O. Box 11211, Columbia, SC 29211		
	Name:			\$
	Address:			
	Name:			\$
	Address:			
	Name:			\$
	Address:			
	Name:			\$
	Address:			
	Name:			\$
	Address:			

PAGE SUBTOTAL \$ 22,960.80

TOTAL (Must equal amount reported in Number 11.C This Period) \$ 22,960.80

E4A.5

Name: R. MICHAEL CAMPBELL FOR LT. GOVERNOR**C. (1) LOANS RECEIVED**

DATE	FULL NAME AND FULL ADDRESS OF INDIVIDUAL OR FULL NAME AND FULL ADDRESS OF GROUP MAKING LOANS		PURPOSE	TERMS	INITIAL AMOUNT OF LOAN
	Name:	None			\$
	Address:				
	Purpose:				
	Terms:				
	Name:				\$
	Address:				
	Purpose:				
	Terms:				

TOTAL LOANS RECEIVED _____

(2) LOAN REPAYMENTS

DATE OF PAYMENT	FULL NAME AND FULL ADDRESS OF INDIVIDUAL OR GROUP TO WHOM REPAYMENT WAS MADE		PAYMENTS		EXISTING BALANCE
			This Period	Year-to-Date	
9/12/07	Name:	Mr. Mike Campbell	\$ 13,252.90	\$ 13,252.90	\$ 174,902.94
	Address:	P.O. Box 11211, Columbia, SC 29211			
9/12/07	Name:	Mr. Mike Campbell	\$ 8,732.62	\$ 8,732.62	\$ 99,944.54
	Address:	P.O. Box 11211, Columbia, SC 29211			
Period End	Name:	Mr. Mike Campbell	\$ See Above	\$ 13,252.90	\$ 0.00
	Address:	P.O. Box 11211, Columbia, SC 29211			
Period End	Name:	Mr. Mike Campbell	\$ See Above	\$ 8,732.62	\$ 0.00
	Address:	P.O. Box 11211, Columbia, SC 29211			
	Name:		\$	\$	\$
	Address:				
	Name:		\$	\$	\$
	Address:				
	Name:		\$	\$	\$
	Address:				
	Name:		\$	\$	\$
	Address:				

TOTAL (Must equal amount reported in Number 13 Loans) \$ 0.00**D. FINAL DISPOSITION OF PROPERTY OWNED BY CAMPAIGN WORTH \$100.00 OR MORE**

Asset: _____ Disposition: _____

Asset: _____ Disposition: _____

Asset: _____ Disposition: _____

Asset: _____ Disposition: _____